21504 7004:	47511 3		State of Ne Investi		Мо	tor	Vel	nicl	e A	ccid	er	nt Re	eport		Shee	et1	of _	4
2	Total Nu		District 454 Case D5 107102										N?			MADE A	AT SCENE?	I .
A/1	of Vehi		151		1.10.	55-107	192					YES	Iitary Time)	STATE USE	YES	$\overline{}$	NO	1
04	DATE OF ACCIDENT		<u>// D D /</u> 7/2015	YYY	YY	SM		V TH	FS	TIME C	DF	0050	intary Time)	01/11/2 001	LONE			
A/2	ACCIDENT	, .	7/2015 INITE OF ACCIDENT POLICE															
	PLACE OF	COUNTY	Lancaster								0056	11/17	/201	5				
В	ACCIDENT	CITY Lincoln PRIVATE YES NO PROPERTY? YES NO										LATITUDE	/201			-		
60	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. NW 48TH ST											ONE-WAY		Bunobe				
с 4	DISTANCE FROM FEET N S E W OF MULTIPOST									HIGH			LONGITUD	E			1	
D.	MILEPO		IF NO	T AT IN	TERS	ECTION												
1		NAM	IF AT INTERS		′		○FE	ET C	MILES	N S	Е	W OF N	EAREST STREE	T, BRIDGE,	RAILI	ROAD (	ROSSING	1
V1/M	W O ST	•																
20	MILES		N S E	W AND	VAS OUTS	SIDE CIT		ITS, INI S E		DISTANC NEAREST		ROM NEAR	REST TOWN					-
V2/M			IV O E	MILES						Y OR TOV								
20	R. WORK		R2 R3 R4	S. PEDES	TRIAN	S1	S2	<b>S</b> 3	S4 S5	-a S5-b	S6-a	a S6-b	DOES ACCIDE STATE DEPT.					
E 1	CODES	3	3 2 2	CODES		<b>'</b>							○YE	s 🕉 NO				
F							VEI	HICLE	NO. 1									1
2	DRIVER LICENSE	ı	NO. H1222	1629									(Of License)	NE	SE		> FEMALE > MALE	
V1/N	RAYMC	ND W	SCHNEIDE	ER .						PHONE <b>402</b>		0-7414		LOCAL NO	).			
2	DRIVER ADDRI	//ER ADDRESS CITY, STATE, ZIP DATE OF											V1/1					
V2/N <b>2</b>	OWNER	PHONE LOCAL NO.																
G	SCHNE OWNER ADDR	NEIDER NATIONAL CARRIERS INC IDDRESS CITY, STATE, ZIP   CITATION   YES   CITATION NO.   VIZ																
2	7101 V	/ 17TH	17TH AVE, GARY, IN 46406 PENDING X NO											V1/3				
Н	LICENSE PLATE	AP ı	NO. 2061439	9							(Pl	YEAR ate Expires)	2016		STAT (Of Pl		IN	
2	VEHICLE		YEAR 2012	Freightlin		MODEL CAS	CADI	ΔΝ	BODY ST		1 50	color white		STIMATED D			)	V1/4
V1/O 2	VEHICLE ID	_	JJGLDR7CS			OAO	OADI	/\! <b>\</b>	Traoi	OI WILL		INSURANC	CE COMPANY					V1/5
V2/O	NO. (VIN) TOWED TO	11 0	JOEDIN OC		TOWED BY	<u> </u>						POLICY NO	REPUBLIC D.	INSU	KAN	CE C	<u> </u>	18
2							\/=		NO 0			MW	TT 304354					V1/6 35
7	DRIVER		1142002				VEI	HICLE	NO. 2				STATE	NIE	-		FEMALE	133
V1/P	LICENSE DRIVER		NO. H13602	894						PHONE			(Of License)	NE LOCAL NO	SE D.	·× <u>X</u>	MALE	-
1	RIONG		NG		OLT./	07175 7				402	2-73	0-9901	D. T. C.					V2/1
V2/P		WHIS	PERWOOD	ST, LINC	OLN, N	STATE, Z	528						DATE OF BIRTH (MM / DD / YYYY	06/17	7/199	97		18 V2/2
1	RIONG	RION	G							PHONE 402		0-9901		LOCAL NO	Э.			V2/2
յ 12	OWNER ADDR		RWOOD ST			STATE, Z						CITATION	YES	CITATION	NO.			V2/3
V1/Q	LICENSE				.iv, iv⊏	00520	0				( 	PEND YEAR			STA	ГЕ		V2/4
4	PLATE	PA I	NO. TGT772	MAKE		MODEL			BODY ST	YLE	(Pl	ate Expires)	2016	STIMATED D	(Of PI	E L	NE	V2/4
V2/Q	VEHICLE		2007	Honda		ULX	ζ		4 do	or Sed	an	silve		TOTALE	D <b>\$</b>	3000	)	V2/5
<b>4</b> к	VEHICLE ID NO. (VIN)	1H0	GCM56447A	067974									TE FARM					18
02	TOWED TO				TOWED BY	ſ						POLICY NO	o. 0147-A24-2	7B				- V2/6 <b>35</b>
	-	Comp	lete this se	ection for	r all in	jured	pers	sons					OF BIRTH	1	2	3 Pody		5 SEX
VFH #	NAME	(Com	plete a continuati		nore than to	three we	ere injur	red)				(MM)	/ DD / YYYY)	Seat Position	Eject	Region	Injury Sev. Tra	ins. M F
	LOCAL NO.		MEDICAL FACILITY	NAME				EMS SE	RVICE NAM	ΛE				EMS RUI	N REPO	)RT NO.		
VEH. #	NAME		1	AD	DRESS													
	LOCAL NO.		MEDICAL FACILITY	NAME				EMS SE	RVICE NAM	ИΕ				EMS RUI	N REPO	ORT NO.		
	NAME				DDECC												<del> </del>	,
VEH. #	NAME			AD	DRESS													
	LOCAL NO.		MEDICAL FACILITY	NAME				EMS SE	RVICE NAM	ИΕ				EMS RUI	N REPO	ORT NO.		

	THE FOLLOWING		N IS REQUIRED FOR BY DIAGRAM WHAT HAP	PPENED AGE	NCY CASE N				
				Bt	5-10719	2			
Indicate North									
by Arrow									
								•	
POI Unki	nown v	ehicl	es mov	ed off	the	st	ree	1c	
. Or Oriki									
	No c	lebris	on roa	dway					
D1 stated he was South bound			BASED ON OFFICER'S I		St is offs	et due to r	nad		
10mph after the other semi did veh behind the uninvolved ser St at approx 20mph. D2 stated witnesses to discern what cold	mi but stated the light for d North bound traffic had	North bound traffic	was red by that point. D	2 stated he was North bo	ound on N	IW 48th ap	proachin	ng W O	
OBJECT DAMAGED OWN	NER NAME	ADDRESS		PHONE		APPROX.	\$ APPROX. COST OF DAMAGE.		
PR	NER NAME	ADDRESS		PHONE	APPROX. COST OF DAMAGE  PHONE				
NAME		ADDRESS			PHONE				
NAME NAME		ADDRESS			1	PHONE			
VEHICLE MOVEMENT BEFORE COLLISION	POINT OF IMPA MOST DAMAGE		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOT		H 1 V	EH 1	
VEH NO. N S E W ROAD OR HIGHWAY NAME	(Enter numbers for	each vehicle)			ALCO	HOL Drive		Pedes- trian	
1 X NW 48TH ST	VEHICLE 1	VEHICLE 2	4	2	ALCOH	HOL Y	Y	Y	
2 X NW 48TH ST	IMPACT UZ	OINT OF MPACT 01	1 Deployed - front 2 Deployed - side	1 None used - vehicle occupa 2 Lap & shoulder belt used		ED N >	( N X	N	
1 06 06 Turning left 07 Making U-turn	DAMAGED   02   DA	MOST AMAGED 01 AREA	3 Deployed - both front/side 4 Not deployed	3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used	BAC LE		Driver	Driver	
2 01 08 Entering traffic lane 09 Leaving	00 None 02	03   04	<ul><li>5 Not applicable/</li><li>No airbag available</li><li>6 Unknown</li></ul>	6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	,   🗅	ALCOHOL/ DRUGS SUSPECTED  Driver No. 1  1  1			
straight ahead traffic lane  02 Backing 10 Parked	09 Top & windows	05	VEHICLE 2	9 Restraint use unknown VEHICLE 2	1 Neither alcoh		ol nor drugs suspected suspected		
03 Changing lanes 11 Slowing or 04 Overtaking/ stopped in traffic Passing 12 Other 05 Turning right 13 Unknown	11 Total (all areas) 12 Other 08	07 06	- 4	2	11	- drugs suspe - alcohol & d nown		ed	
OFFICER NO.	TROOP/ TEAM/ BEAT 4	DEPARTM Linco	DIN Police Departmen	nt	= 1	Photogrataken?		> YES	
INVESTIGATOR NAME (Print or Type)		INVESTIGATOR SIGNA	TURE		DATE	OF 11	/17/201		
Chris Howard		Approved by	Officer Chris Howa	ra	REPO	रा ∣ ' '	11/201	J	

215047 70043	511		ln۱				Vehicle	e Ac		Descr	iption	Contir	nuatio	n Re	port sh		3 of _	4
			Loca Distr	I No./ ict 151					Agency Case No.		В	35-1071	92			STA	TE USE ON	LY
	DATE (	F ACCIDEN	7/20			PL	ACE COI	UNTY Y I ir	Lanca	aster								
ROA	D ON W	HICH ACCII			STRE					ncoln V 48TH ST								
		was at t urn whe					eh2 stru	ck V	eh1 nea	r the p	asseng	jer side	door,	indica	ating Veh	1 was	almost	fully
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OFFICER NO	).		-	TROOP/ TEAM/ BEAT 4			DE	PARTM		ıln Poli	ce Dep	artmen	ıt					
NVESTIGATOR NAME (Print or Type)								DATE ACCIONATURE  DATE ACCIONATOR SIGNATURE								11/1	17/2015	5

## State of Nebraska

## 2150/7511

## Investigator's Supplemental Truck and Bus Accident Report

70043		This form Accident R	must be cor eport," if an	nplete y of t	ed in <b>addition</b> to the the vehicles involved	he DR Form 4 ed meet the cr	0, "Investigator's Motitieria listed on the ba	or Vehi ack of t	cle this fo	orm. Si	heet <u>4</u> of <u>4</u>		
CAL NO./DISTRICT			DATE OF ACCI	DENT	COUNTY		CITY			1	E USE ONLY		
51			11/17/201	5	Lancaster		Lincoln						
ENCY CASE NO.			OCCURRED ON I	HIGHWA'	Y/ROAD/STREET					1			
35-107192			NW 48TH	1 ST									
					TRUCK	/BUS - 1							
RIVER (Print or type full name	ne)					CARRIER	1 U.S. DOT			1 ICC MC	;		
RAYMOND W S	SCHNE	IDER				IDENTIFICA	TION 264184						
RRIER NAME (Print or type	e full name)						CLE WEIGHT RATING (G	VWR)		10,000 Lbs.			
SCHNEIDER NA	ATION	AL CARRI	ERS INC			WEIGHT RATI	NG (GCVWR)				laz Mat Placards) . – 26,000 Lbs.		
RRIER ADDRESS (Street of	or R.F.D.)		CITY, STA	TE, ZIP		(Combined ratin	g for vehicles and trailers)		×	More than	26,000 Lbs.		
3101 S PACKE	RLAND	DR, GRE	EN BAY,	WI 5	54313	VEHIC	LE CONFIGURATION (Check one)						
TRAILER		Year			State IN			1 [	Bus				
LICENSE PLATE No	D. P39	9992				2 Single-Unit Truck (10,001–26,000 Lbs. GVWR)  3 Single-Unit Truck (Greater than 26,000 Lbs. GVWR)  4 Truck Tractor (bobtail)  5 Truck with Trailer  6 Tractor with Semi-Trailer  7 Tractor with Doubles  8 Tractor with Triples  9 Unknown Heavy Truck  37 Bus (seats 9-15, including driver)  38 Bus (seats 15+, including driver)  4 Grain/Chips/Gravel  5 Pole  6 Cargo Tank  7 Flatbed  8 Dump  9 Concrete Mixer  10 Auto Transporter  11 Garbage/Refuse  12 Other (Specify)							
COMMERCE			K WIDTH	$\neg$	DRIVER'S LICENSE	(Great	er than 26,000 Lbs. GVW	R)	3 F				
CLASSIFICATIO (Check one)	ON		of truck or trai		CLASS CODE	. –	, ,		4	Grain/Chips			
1 🔀 Interstate Com	merce	1 🔲 96 ii			A 🔀 M 🗌					=			
2 Intrastate Com		2 🗵 102 3 □ Othe	inches er <i>(Specify)</i>		в 🔲 🛛 о 🔲	_			7	Flatbed			
3 Not Applicable			or (Opcomy)		c 🗆	9 Unkno	wn Heavy Truck						
	HAZAR	DOUS MATE	ERIAL INVOI	- I LVED		7 <b>=</b> `		´ I	10	Auto Transp	orter		
Did vehicle have a		acard Inform		Was hazardous cargo		39 Haz M	at Passenger Car		_				
Haz Mat Placard?		Hazard Class		relea	ased? (Do not count from fuel tank)	(van, r	mini van, pickup, sport util	ity)	40 -	- -			
1 Yes	from b	ottom of Diam	mond		1 Yes	(10,00				Unknown			
2 🗵 No		No			2 X No	1 × Not a		5 🔲	Intercity Bus	7 Other			
					TPLICK	2 ☐ Trans / BUS - 2	sit Bus 4 School E	Bus	٥ Ц	Not Reported			
RIVER (Print or type full name	ne)				INOOK	CARRIER	1 U.S. DOT			1 ICC MC	<u> </u>		
						IDENTIFICA	TION						
RRIER NAME (Print or type	e full name)						CLE WEIGHT RATING (G	VWR)		10,000 Lbs.	or Less		
						or GROSS CC WEIGHT RATI	MBINATION VEHICLE NG (GCVWR)		Г		laz Mat Placards) . – 26,000 Lbs.		
RRIER ADDRESS (Street o	or R.F.D.)		CITY, STA	TE, ZIP			g for vehicles and trailers)			More than			
						VEHIC	LE CONFIGURATION (Check one)			CARGO BO			
TRAILER		Year			State	2   Single	, ,		1 Г	Bus	( One)		
LICENSE PLATE No					510110		1-26,000 Lbs. GVWR)				, including driver)		
COMMERCE	).	TDUC	IZ WIDTH		DDIVEDIO LICENCE	(Great	er than 26,000 Lbs. GVW	R)		(seats 15+,	including driver)		
CLASSIFICATIO (Check one)	ON		K WIDTH of truck or trai		DRIVER'S LICENSE CLASS CODE	4 ☐ Truck <sup>-</sup> 5 ☐ Truck <sup>-</sup>	Tractor <i>(bobtail)</i> with Trailer			Van/Enclose     Grain/Chips			
1  Interstate Com	merce	1 🔲 96 in	nches		A 🔲 M 🔲	6 Tractor	with Semi-Trailer		5 E	Pole Cargo Tank			
2  Intrastate Com		2 102	inches er (Specify)		в о	7 Tractor	with Doubles with Triples		7	Flatbed			
3 Not Applicable		3 <u> </u> Ouie	ві (Зресііу)		c 🗆	. –	wn Heavy Truck			Dump Concrete M	ixer		
	U A 7 A B	DOUS MATE	EDIAL INVOL	VED.		7 <b>=</b> `	eats 9-15, including driver eats 15+, including driver,	´ I	10	Auto Transp	orter		
Did vehicle have a		acard Inform			hazardous cargo	_	at Passenger Car		_	]Garbage/Re 】Other <i>(Spec</i>			
Haz Mat Placard?				relea	ased? (Do not count		at Light Truck mini van, pickup, sport util	ity)		<u> </u>			
1 Tyes	from b	bottom of Diamond			from fuel tank)  1  Yes		0 Lbs. or less GVWR)	**	13	Unknown			
2 No	Placar				1		_	US USI			- Da		
	וופוט-ר	No			_	1  Not a 2  Trans	_			Intercity Bus Not Reported	7 Other		
/ESTIGATOR NAME (Print of	or type)		INVESTIGATO			DEPART	MENT			OFFICER NO.	DATE OF REPORT		
Newig I lassocial			Approv	ed b	y Officer Chris Ho	oward	ala Dalias Danautus			1011	44/47/0045		

**Chris Howard** 

11/17/2015

1611

Lincoln Police Department